

Florida Department of Health: Profile

Who We Are

The Department of Health is Florida's state agency dedicated to protecting and promoting the health of all residents and visitors in the state. Established by the Florida Legislature in 1996, the department traces its roots to the creation of the Florida State Board of Health in 1889. The department is an executive branch agency, established in section 20.43, *F.S.* The department is led by a State Surgeon General, who serves as the State Health Officer and is directly appointed by Florida's Governor, and confirmed by Florida's Senate. The department has two deputy secretaries that oversee all of its business and programmatic operations.

The department is comprised of a state health office (central office) in Tallahassee, with statewide responsibilities; Florida's 67 county health departments; 22 Children's Medical Services area offices; 12 Medical Quality Assurance regional offices; nine Disability Determinations regional offices; five public health laboratories; and A.G. Holley State Hospital. Facilities for the 67 county health departments (CHDs) are provided through partnerships with local county governments. These 67 CHDs have a total of 255 sites throughout the state, providing a variety of services, and ranging from small to large in location size.

The department is accountable to the state legislature, the Executive Office of the Governor, all residents and visitors in the state, and the federal government. DOH is responsive to priorities identified by the Governor and the legislature in determining services, associated funding, and delivery mechanisms. Annually, the state legislature passes a budget, approved by the Governor, and creates or amends laws that direct the department's actions. The department's total budget for fiscal year (FY) 2011–2012 is \$2,857,264,986.

MISSION, VISION AND VALUES

MISSION—To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties.

VISION—A healthier future for the people of Florida.

VALUES—

Excellence: We achieve and maintain quality results and outcomes through continuous performance improvement and learning.

Commitment to Service: We dedicate ourselves to provide services to all residents and visitors in the state.

Accountability: We take full responsibility for our behavior and performance.

Empowerment: We create a culture that encourages people to exercise their judgment and initiative in pursuit of the organizational goals.

Integrity: Our guide for actions, which incorporates our commitment to honesty, fairness, loyalty, and trustworthiness is in the best interests of our customers and employees.

Respect: We recognize and honor the contributions of one another in our daily activities and create an environment where diversity is appreciated and encouraged.

Teamwork: We encourage active collaboration to solve problems, make decisions, and achieve common goals.



Excellence in Public Health

The department has a national reputation for excellence in public health, and is often in the forefront of public health program design. The department has piloted several cooperative initiatives intended to better leverage the dollars the state has invested in its public health system. A public health workforce commonly motivated by a shared commitment to making Florida communities healthier supports the department's orientation toward innovative public health practices and interventions.

Most of the department's employees are classified as either FTE (Full Time Equivalent)—full-time state employees; or OPS (Other Personnel Services)—generally working on an hourly basis. There are several categories of OPS employees, including health care practitioners (e.g., nurses, physicians, dentists, etc.), students, and board members (e.g., members of the Medical Quality Assurance regulatory boards). The department also utilizes a variety of contract employees, some of whom are funded through grants or other external sources. As of March 2011, the department had 16,985.25 FTEs (not including OPS or contracted staff). Of this number, 1,743.50 are central office program staff geographically located in Tallahassee.

An important component of the department's workforce is the Volunteer Health Care Provider Program. Through this program—including eleven regional coordinators—the department facilitates the use of volunteer health care professionals who serve as agents to the state, donating their services to eligible clients referred by the department. In exchange for provision of these donated services, volunteer health care providers and clinics are covered by the sovereign immunity cap outlined in section 768.28, *F.S.* In 2009-2010, 19,197 volunteers provided \$182.9 million of services under this program.

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What We Do

The department monitors the health status of Floridians; identifies, diagnoses, investigates and treats health problems; and mobilizes local communities to address health-related issues. The department formulates policies and plans that support public health goals, enforces laws and regulations necessary to protect the public's health, links people to needed health care services, and provides services locally where necessary. The department licenses and regulates health care practitioners, and provides medical disability determinations. In addition, the department has statewide and local responsibilities in the area of disaster preparedness and response, and provides specialized assistance to pregnant women, infants, and children with special health care needs. The department also serves as the state's official registrar for all vital records and the statewide repository for aggregate health related data accumulated by Florida's state agencies. A.G. Holley State Hospital provides inpatient care for persons with complex, multiple-drug resistant tuberculosis (TB), or those ordered by the court to receive treatment.

The department's public health pharmacy distributes and dispense drugs and nutritional supplements for the treatment of sexually transmitted diseases, epilepsy, tuberculosis, HIV/AIDS, diabetes, and rabies; prevention of PKU (phenylketonuria); family planning (contraceptives and devices), and general clinic drugs for county health departments in both bulk and patient specific prescription formats. Additionally, the department is also responsible for the procurement, management, and distribution of the Public Antiviral Stockpile, chemical and radiological antidotes, and mass prophylaxis antibiotics. The department also has a large base of emergency preparedness related assets, including equipment, vehicles, mobile medical clinics, and communications infrastructure.

Through its network of county health departments, A.G. Holley State Hospital, and a number of community-based clinics across the state, for example, the department provides direct clinical and case management services to a

variety of clients, including the medically indigent and those who do not have health insurance, utilizing a sliding fee scale to determine costs. While there is limited competition with other clinical providers serving the insured, the department's providers offer sliding-scale fees for those who otherwise cannot afford care. Clinical providers are attentive to the needs of special populations, such as older adults, women, children, and disabled persons, and are committed to providing linguistically and culturally competent services to all clients.

Current Environment

Because the authority to provide public health services resides with the department public health practice is generally not competitive. However, certain functions or services could potentially be performed by private sector entities. For example, in some areas of the state, clinical services are now provided by Federally Qualified Health Centers (FQHCs), hospitals, and private primary care providers. Certain marketing and health promotion services could be contracted out to private companies. Private boards or associations could perform credentialing services for health care practitioners; training, technology, and certification programs may be accomplished through numerous private providers.

Recognizing the potential for competition focuses the department on the way it conducts its own business processes. Maximizing process efficiency and effectiveness while continuing to research and implement best practices and evidence-based interventions will allow the department to remain competitive in the future.

The department's business and administrative operations are significantly driven by reducing costs and increasing efficiencies. For example, because the department can purchase pharmaceuticals at federal pricing, through interagency agreements, it can provide considerable cost avoidances to other state agencies purchasing these drugs through the department. The department's central pharmacy processed over 21,000 prescriptions for Florida Department of Corrections (DOC) patients under a pilot program, from July 2009 to June 2010. About \$5.5 million was saved as a result of procuring drugs at federal prices. This equates to a cost avoidance of 39%, with only about 25% of the eligible inmate population being served in the pilot. Negotiation for expansion of this program is in process.

The department has the advantage of having a distinct, recognizable presence in each county throughout the state. Florida's local county health departments are organized in a centralized model; many other states use a decentralized model, with each local health department operating as a separate entity. This centralization allows standardization of care and services in each health department—from county to county—to be a priority for the department. The department will continue to consider external influences, such as national health care reform initiatives and national and state economic environments, in future planning efforts.

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Key Products and Services

The department has identified seven key business functions based on its responsibilities. Outlined below are key products and services provided for each business function, as well as customers and their requirements, and competitors.

KEY PRODUCTS AND SERVICES	KEY CUSTOMERS	CUSTOMER REQUIREMENTS	CURRENT/POTENTIAL COMPETITORS
Key Business Function 1: Health Surveillance			
Data for public health program planning, evaluation, and policy development	Academic institutions, local planning councils and advocacy groups and associations	Timely, accurate, accessible, secure	Academic institutions and health planning councils, data mining companies
Identification and notification of public health threats	Health care practitioners, veterinarians, hospitals, schools, federal, state and local government agencies	Timely, accurate, accessible, secure	None identified
Key Business Function 2: Health Interventions			
Practice guidelines and protocols	Health care practitioners, hospitals, HMOs	Currency, objectivity, evidence-based	Professional associations and institutes
Screening and diagnostic testing	Health care practitioners, health care consumers	Timely, accurate	Hospitals and commercial laboratories
Treatment and counseling	Health care consumers	Timely, accurate, cost-effective, accessible, culturally sensitive	Private health care practitioners or practice groups, hospitals, HMOs, Federally Qualified Health Centers (FQHCs)
Education	Health care practitioners, health care consumers	Timely, accurate, cost-effective, accessible, culturally sensitive	Hospitals, HMOs, professional associations, advocacy groups, academic institutions
Key Business Function 3: Health Emergency Preparedness and Response			
Medical surge plan	Emergency operations centers, hospitals, assisted living facilities, nursing homes	Current, usable, scalable	Disaster preparedness consultants
State and local risk assessments	State and local government agencies, emergency operations centers	Timely, accurate, usable	Risk assessment consultants
Training and exercises	Medical Reserve Corps, health care practitioners, hospitals	Standardized, usable	Academic institutions, professional associations, private consultants
Health and medical response coordination (ESF-8)	Emergency operations centers	Accessible, timely, consistent, reliable, accurate, responsive	None identified
Key Business Function 4: Health Assessment and Planning			
Statewide health assessment and health improvement plan	Florida Legislature, academic institutions	Timely, accurate, clear, data-driven	None identified
Vital statistics registry	Registrants and family members, insurance companies, federal, state and local government agencies	Timely, accurate, accessible	None identified
Florida CHARTS* *Community Health Assessment Resource Tool Set	Academic institutions, local planning councils, advocacy groups and associations	Timely, accurate, accessible	Academic institutions and health planning councils, data mining companies
Reports	Academic institutions, local planning councils and advocacy groups and associations, insurance companies	Timely, accurate, understandable, accessible	Academic institutions and health planning councils, data mining companies
Training and facilitation for local community health planning efforts	County health departments and community planning groups	Standardized, replicable, accurate, understandable	Academic institutions, private consultants, health planning councils
Key Business Function 5: Health Assurance			
Primary medical and dental services (where otherwise unavailable)	Underinsured, uninsured and low-income individuals and families, children with special health care needs	High-quality, accessible, timely, courteous, competent, culturally sensitive	None identified
Linking people to needed health care services, through contracts and networks	Underinsured, uninsured and low-income individuals and families, children with special health care needs	High-quality, accessible, timely, courteous, competent, culturally sensitive	Teaching hospitals, private health care providers
Certification and credentialing for the Volunteer Health Care Provider Program	Licensed health care practitioners	Timely, accessible	None identified (VHS providers have sovereign immunity)
Key Business Function 6: Regulation of Environmental Activities that Impact Public Health			
Permits and licenses	Permit applicants/licensees	Timely, accurate, accessible, cost-effective	Private contractors, other state or local government agencies
Enforcement orders	Permittees/licensees	Timely, accurate	Other state or local government agencies
Inspection reports	Permittees/licensees, other state or local government agencies	Timely, accurate	Private contractors, other state or local government agencies
Health advisories and notices	Consumers	Timely, accurate, accessible	Other state or local government agencies
Key Business Function 7: Regulation of Health Care Practitioners			
Health care practitioner licenses	Licensed health care practitioners, health care facilities, licensure applicants	Timely, accessible, accurate, cost-effective	Federations and associations
Disciplinary orders	Licensed health care practitioners, other state agencies	Timely, accurate	None identified
Emergency orders	Licensed health care practitioners, other state agencies	Timely, accurate	None identified
Health care practitioner information	Health care consumers, licensed health care practitioners, health care facilities	Timely, accessible, accurate	Private data mining companies

Collaborations and Partnerships

The department collaborates with and works in direct partnership with a variety of organizations. The Florida Legislature defines, in statute, the legislative intent for Florida's public health system. Section 381.001(1), F.S., "Legislative intent; public health system.—", states (in part): "It is the intent of the Legislature that the Department of Health be responsible for the state's public health system which shall be designed to promote, protect, and improve the health of all people in the state ... The Legislature recognizes that the state's public health system must be founded on an active partnership between federal, state, and local government and between the public and private sectors, and, therefore, assessment, policy development, and service provision must be shared by all of these entities to achieve its mission." All entities within the public health system (including public/private partnerships at both the community and state level) share multiple duties and responsibilities that contribute to the health of the public. To achieve its aim, effective public health requires organized community efforts.

The department has a robust network of partnerships, allowing synergistic collaboration, information sharing, and the ability to mobilize for emergency health response when necessary. The department maintains good working relationships with its partners and suppliers in the local public health system, and with the numerous federal, state, and county agencies and public and private institutions by formalizing relationships through memoranda of agreement, purchase orders, and contracts, as appropriate.

Recent trends among government agencies to outsource services have made contract solicitation and management an essential part of department operations. These contracts are procured and managed according to criteria established by Florida's Department of Management Services (DMS). In FY 2010–2011, 51.78% of the department's \$2.94 billion budget was outsourced through contracts; purchase orders; banking and vouchering services for WIC and Child Nutrition programs; and medical payments through client payment systems for Children's Medical Services (CMS) and the Brain and Spinal Cord Injury Program. This utilization of public-private partnerships to accomplish its duties allows the department to procure lower costs for products and services provided, and enhances local private business revenues.

Formal partnership agreements generally include a quarterly reporting mechanism, site visits, and a written review of contract milestones. The department also works in partnership with a network of 11 local health planning agencies to collect and analyze local health data, identify resources, and collaborate with other community partners to improve access, affordability and quality of care, and to create strategic approaches to address local health priorities. Communication with partners occurs on both a formal and informal basis.

DEPARTMENT PARTNERSHIPS

ORGANIZATION TYPE	PARTNER EXAMPLES	COLLABORATE WITH DOH TO PROVIDE
Federal Agencies	Health Resources and Services Administration, Centers for Disease Control and Prevention, Environmental Protection Agency, Food and Drug Administration, National Institute for Occupational Safety and Health, Agency for Toxic Substances and Disease Registry, US Department of Agriculture	Services, funding mechanisms, policy
State Agencies	Agency for Health Care Administration, Department of Children and Families, Department of Agriculture and Consumer Services, Department of Environmental Protection, Department of Education, Department of Law Enforcement, Department of Corrections, Department of Business and Professional Regulation, Governor's Office	Services, funding mechanisms, policy
Regional Organizations	Area Health Education Centers, Health Education Training Centers, Local Health Planning Councils, Regional Epilepsy Services	Training, education, planning, services
County Agencies	School Districts, Sheriff's Office, Police Department, Fire Department	Services
Academic Institutions	Universities, e.g., Schools of Public Health, Nursing, Medicine, and Dentistry (Florida A&M University, Florida State University, University of South Florida, University of Florida, Nova Southeastern University, University of North Carolina)	Training, services, education, policy
Private/Community Organizations and Institutions	Hospitals, Children's Advocacy Centers, Children's Home Society, Poison Information Center Network, Healthy Start Coalitions, March of Dimes, American Heart Association, American Cancer Society, Churches, Special Olympics, American Red Cross	Services, education

Meeting the Challenges of the Future

The scope and complexity of current health problems continue to present formidable challenges for Florida. A number of factors confront the state in meeting the health needs of its residents and visitors. These include the growth and diversity of Florida's population; the ongoing threat of infectious diseases, such as Influenza, HIV/AIDS, and Tuberculosis; the large number of substance abusers, including children and adults who use tobacco and consume alcohol; and the ever-present threat of natural or man-made disasters. Also of critical importance is the unequal burden of disease based on socio-economic status and race. The system faces wide disparities in health status, with minority populations bearing a disproportionate burden of disease. Current national health care reform efforts and Medicaid changes will also affect the public health system in Florida.

The department uses community-focused strategies to provide the tools, planning support and policy direction communities need in order to address the challenges presented by a broad spectrum of public health issues. The department is diligent in its responsiveness to a rapidly changing health and societal landscape, including demands for increased accountability for public agencies, rapid technological and medical advances, escalating health care costs, and managed care within the framework of economic realities. The department maintains a continual readiness stance in order to address new or resurfacing health problems, diseases, or disasters.

The economic environment continues to affect public health in Florida. Higher numbers of unemployed and uninsured/underinsured continue to seek out services provided by the local health departments. Resources are allocated strategically to allow the most impact for each investment of taxpayer dollars. One ongoing challenge is the ever-increasing demand for public health services in the face of competition for limited fiscal resources, which often requires the legislature and the department to make choices and set priorities to meet the public health needs of the state's population. There are also inherent organizational challenges, such as regular transitions in organizational leadership (appointed by the Governor), that the department undergoes every 2–6 years, particularly following gubernatorial elections.

Advances in Information Technology

Consistently obtaining valid and reliable data remains the primary challenge to measuring success in public health. The department faces challenges in gathering comparative information, specifically proprietary information from private entities, disciplinary information (state and federal) for credentialing purposes, and legal restrictions of the Health Insurance Portability and Accountability Act (HIPAA). Major sources of comparative/competitive data used by the department include the Community Health Assessment Resource Tool Set (CHARTS) for health statistics, MERLIN for tracking communicable diseases, the Behavioral Risk Factor Surveillance System (BRFSS), and Centers for Disease Control and Prevention (CDC) data, including Healthy People 2010. In order to measure its performance, the department analyzes data from public health agencies in other states, federal health agencies (e.g., CDC), and private entities (e.g., the Robert Wood Johnson Foundation).

The department's Office of Health Statistics and Assessment collects, reports, and analyzes core health statistics and vital records for the state, and coordinates the collection, reporting and analysis of all local county health department data. This data is housed online at FloridaCHARTS.com. County health departments then use this data to create a health report card for their community that guides their work to improve local health outcomes. This individual county data is then "rolled-up" or aggregated to give the department's executive leadership a statewide assessment of the department's performance. The department's Office of Performance Improvement then works to ensure that the data collected is used on a continuous basis to drive quality improvement throughout the organization. Similar data are used to set goals and evaluate performance of contract providers.

Additionally, the department works closely with national organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Public Health Accreditation Board (PHAB). Through these relationships, the department gleans health status information nationwide. The department also has access to other states' health care practitioner data (specifically per capita).

DOH is currently transitioning to electronic (paperless) health records, prescriptions, and lab order and report transmittal. These statewide initiatives eliminate manual data entry of information, and eliminate unnecessary printing, mailing, and transmittal costs. This transition requires extensive coordination and integration of technologies throughout the state, and will result in increased process efficiencies.

The department's Health Management System (HMS) integrates patient records, test results, and public health data

into a single network of systems deployed in county health departments throughout Florida. This system allows information, including geographic and immunization data, to be shared at community, county, state and federal levels. HMS also provides immediate electronic notification of positive test results to help prevent spread of disease, and can generate real-time reports of service utilization.

Every county health department and CMS area office is linked to a satellite networking system. Every DOH site connected to the State of Florida MyFloridaNet network has access to support statewide communications and conferences, as well as access to the State of Florida Emergency Operations Center.

Workforce Challenges

Maintaining a highly competent workforce is a necessity in today's dynamic environment. The competencies expected among public health professionals have changed dramatically over the past several years.

The department must compete for top talent with other public entities as well as the private sector, and must ensure that current employees can readily obtain training in new competencies. In addition to employees in traditional public health professions, the department must also employ individuals with expertise in environmental health, lab technicians capable of testing if specimens contain anthrax and nurses who can administer smallpox vaccines in the event of a bioterrorism event.

To serve its diverse constituency, the department is committed to hiring diverse and culturally competent staff, and implementing programs that respectfully address the unique needs of different client populations. The department focuses on workforce development and staff training, in order to increase competencies and build capacity. Succession planning is also vital to the department's success, as its workforce continues to age.

A History of Organizational Excellence and Accountability

As a government agency, transparency of the department's operations increases accountability and promotes continuous improvement. The department has demonstrated a commitment to performance management and improvement, as evidenced by several key organizational processes, which include:

- (1) Community health improvement planning and action processes in every CHD;
- (2) A comprehensive, web-based community health assessment data system (FloridaCHARTS.com), to support local and state assessment and health improvement performance monitoring;
- (3) An ongoing annual planning and performance monitoring process for CHDs (in partnership with local governments) of budgets, clients and program-specific services; this includes monthly monitoring and quarterly reporting to state and local partners of program specific expenditures, revenues, numbers of clients served and services provided; and
- (4) A statewide performance improvement system for CHDs.

Achieving the highest levels of performance excellence requires a planned and well-executed approach. The department has a long history of utilizing performance improvement practices and processes, and in 2004, re-designed its entire process for quality improvement. This new model allows the agency's leaders to implement and monitor performance improvement using a systematic approach that supports continuous improvement of the department's performance based on the "Plan, Do, Check, Act" (PDCA) cycle of improvement.

The ability to use indicators to evaluate the performance of every community health department and have a statewide assessment of performance is breaking new ground in organizational management, and has garnered much national attention. The department was featured in a nationally released corporate management book, Five Key Principles of Corporate Performance Management (Paladino, 2007). The book chronicles innovative business practices and proven performance models that produce results. The DOH Performance Improvement Process has also been recognized by the Performance Management Institute in Washington, D.C. and the American Productivity and Quality Center (2006) as well as the Robert Wood Johnson Foundation. In recognition of the department's performance improvement accomplishments, the Association for State and Territorial Health Officials (ASTHO) awarded the department the Vision Award for 2007, honoring the innovative approach taken to build accountability into its system of managing performance.

Looking to the Future: The DOH Performance Management System

Due to its size, scope and structure, the department has a strong need to integrate existing components of state and county performance management processes into a more comprehensively aligned, statewide system. The department is currently working to build such a system. In May 2011, State Surgeon General Frank Farmer convened a DOH Performance Management Advisory Council, with membership representative of both central office programs and county health departments (CHDs). This council was charged with the development and implementation of a plan to build and sustain the DOH Performance Management System.

The department is currently conducting state and local health improvement planning to strategically identify health priorities with the highest potential for improving the health status of the state. Activities to support this statewide planning will include completing state and local public health system assessments, completing state and local status assessments, and developing state and local community health improvement plans. This statewide performance management system will be the cornerstone of the department's organizational culture of accountability and performance excellence.

Through managing and continuously improving performance, the department intends to collectively and powerfully move toward its ultimate vision—creating a healthier future for the people of Florida.

DEPARTMENT OF HEALTH PERFORMANCE MANAGEMENT SYSTEM

